

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: City of Mendota
643 Quince Street
Mendota, CA 93640

Attn: Cristian Gonzalez, Public Works Director

CITATION NO. 03-23-17C-068

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22,
SECTION 64426.1 (b) (2) - TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL**

June 2017

Issued on August 11, 2017

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues this citation (hereinafter "Citation") pursuant to Section 116650 of the California Health and Safety Code (hereinafter "CHSC") to the City of Mendota (hereinafter, "City") (mailing address: 643 Quince Street, Mendota, CA 93640) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsections (b)(2).

APPLICABLE AUTHORITIES

Section 116650 of California Health and Safety Code provides:

(a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

37 (c) A citation may specify a date for elimination or correction of the condition constituting the
38 violation.

39 (d) A citation may include the assessment of a penalty as specified in subdivision (e).

40 (e) The Division may assess a penalty in an amount not to exceed one thousand dollars
41 (\$1,000) per day for each day that a violation occurred, and for each day that a violation
42 continues to occur. A separate penalty may be assessed for each violation.

43 **California Code of Regulations, Title 22, Section 64426.1, subsections (a) and (b)**
44 **provide, in relevant part:**

45 **Section 64424- Repeat Sampling**

46 (a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat
47 sample set as described in paragraph (1) within 24 hours of being notified of the
48 positive result. The repeat samples shall all be collected within the same 24 hour
49 time period. A single service connection system may request that the State Board
50 allow the collection of the repeat sample set over a four-day period.

51 (1) For a water supplier that normally collects more than one routine sample a
52 month, a repeat sample set shall be at least three samples for each total
53 coliform-positive sample. For a water supplier that normally collects one or
54 fewer samples per month, a repeat sample set shall be at least four samples
55 for each total coliform-positive sample.

56 **§64426.1. Total Coliform Maximum Contaminant Level (MCL).**

57 (a) Results of all samples collected in a calendar month pursuant to Sections 64423,
58 64424, and 64425 that are not invalidated by the Division or the laboratory shall be
59 included in determining compliance with the total coliform MCL. Special purpose samples
60 such as those listed in §64421(b) and samples collected by the water supplier during
61 special investigations shall not be used to determine compliance with the total coliform
62 MCL.

63 (b) A public water system is in violation of the total coliform MCL when any of the
64 following occurs:

65 (1) For a public water system which collects at least 40 samples per month, more
66 than 5.0 percent of the samples collected during any month are total coliform-positive;
67 or

68 (2) For a public water system which collects fewer than 40 samples per month, more
69 than one sample collected during any month is total coliform-positive

70

71

72



73 **Revised Total Coliform Rule**

74 Beginning April 1, 2016, all public water systems need to comply with California's existing Total
75 Coliform Rule (TCR) as well as the new requirements in the federal Revised Total Coliform
76 Rule (rTCR), until California can complete the regulatory adoption process for the rTCR. Under
77 the Federal rTCR, a water system which exceeds the current Total Coliform MCL must also
78 conduct a Level 1 Assessment. The completed assessment must be submitted to our office
79 within 30 days of the exceedance. Additionally, a water system in which a second Level 1
80 Assessment is triggered within a rolling 12-month period must conduct a Level 2 Assessment.

81

82

83 **STATEMENT OF FACTS**

84 The Division is informed and believes that the City of Mendota is a community water system
85 that has three active wells and two standby wells. The City serves a community with a
86 population of 11,104 through 1911 connections.

87

88 The City is operated under Water Supply Permit No. 03-12-06P-001 that was issued July 28,
89 2006 and amended in November 5, 2015.

90

91

92 **Violation of the Total Coliform Rule Maximum Contaminant Level**

93 The City is required to collect a minimum of three (3) distribution system bacteriological
94 samples per week. The bacteriological water analysis results submitted by the Water System
95 reported the presence of total coliform bacteria in two (2) of at least twenty (20) distribution
96 samples and three (3) source samples collected during the month of June 2017. None of the
97 positive samples reported showed the presence of fecal coliform or *E. coli* bacteria.

98



99 The following table summarizes the reported bacteriological monitoring conducted during the
100 month of June of 2017.

Collection Date	Number of Samples	Sample Labeled	Number TC positive	Number E. Coli positive
06/06/17	3	Routine Distribution	0	0
6/13/2017	3	Routine Distribution	0	0
6/20/2017	3	Routine Distribution	2	0
6/22/2017	7	Repeat	0	0
6/27/2017	3	Routine Distribution	0	0

102
103 Due to the above-mentioned total coliform positive samples, the City has failed the total
104 coliform MCL for the month of June 2017. The Groundwater Rule adopted by the Division,
105 effective August 18, 2011, requires the collection of a sample for bacteriological evaluation
106 from wells serving the system in response to a coliform positive distribution sample. A
107 summary of all bacteriological testing results conducted during June 2017 is included here as
108 Attachment A.

109
110 Due to the fact that two Level 1 Assessments were triggered within a rolling 12-month period,
111 Division staff conducted a Level 2 Assessment on June 29, 2017. The completed Level 2
112 Assessment is included here as Attachment D. The Water System has responded to the
113 requirement of the Level 2 Assessment and has made changes in providing more training to
114 its current employees on the collection of bacteriological samples.



119 **DETERMINATION**

120 Based on the above Statement of Facts, the Division has determined that the City of Mendota
121 has failed to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title
122 22, California Code of Regulations (CCR). The Water System has failed to comply with the
123 total coliform Maximum Contaminant Level (MCL) for the month of June 2017.

124

125

126 **NOTIFICATION REQUIREMENTS**

127 Title 22, CCR, Section 64426.1(c) requires a public water system to notify the Division and the
128 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4) occurs.

129 Notification to the Division shall be by the end of the business day on which the violation has
130 been determined. If the Division is closed, notification shall be within 24 hours of the
131 determination. The Division was notified in accordance with the above-referenced section.

132 A Tier 2 Public Notice for violation of paragraph 64426.1(b) (2) shall be given pursuant to
133 Section 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health
134 effects language from Appendix 64465-A for a total coliform MCL failure.

135

136 Section 64463.4 allows community water systems to use mail or direct delivery to each
137 customer and the use of one or more of the following methods: publication in a daily or weekly
138 newspaper, posting the public notice in a conspicuous public place within the water system or
139 on the internet, or by delivery to community organizations.

140

141 The Water System shall either mail or conduct direct delivery of the public notice to all
142 customers served within the general service area. Section 116450(g) requires that upon
143 receipt of notification from a public water system, schools must notify school employees,
144 students, and parents (if the students are minors), residential rental property owners or
145 managers (including nursing homes and care facilities) must notify their tenants and business



146 property owners, managers or operators must notify employees of businesses located on the
147 property. These secondary notification requirements are included in the public notice. The
148 Water System has completed the necessary public notification and investigation.

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152 **DIRECTIVES**

153 1. The City shall continue to have staff that collect water samples fully trained, by a
154 licensed laboratory or trained water sampler, on the collection of water samples.

155

156 The State Board reserves the right to make such modifications to this Citation as it may deem
157 necessary to protect public health and safety. Such modifications may be issued as
158 amendments to this Citation and shall be effective upon issuance.

159

160 Nothing in this Citation relieves the Water System of its obligation to meet the requirements of
161 the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section
162 116270), or any regulation, standard, permit or order issued or adopted thereunder.

163

164

165 **PARTIES BOUND**

166 This Citation shall apply to and be binding upon City of Mendota, its officers, directors,
167 shareholders, agents, employees, contractors, successors, and assignees.

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169

170 **SEVERABILITY**

171 The Directives of this Citation are severable, and City of Mendota shall comply with each and
172 every provision thereof, notwithstanding the effectiveness of any other provision.



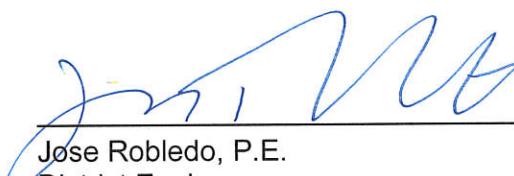
174 **FURTHER ENFORCEMENT ACTION**

175 The California SDWA authorizes the Division to: issue citation with assessment of
176 administrative penalties to a public water system for violation or continued violation of the
177 requirements of the California SDWA or any permit, regulation, permit or order issued or
178 adopted thereunder including, but not limited to, failure to correct a violation identified in a
179 citation or compliance order. The California SDWA also authorizes the Division to take action
180 to suspend or revoke a permit that has been issued to a public water system if the system has
181 violated applicable law or regulations or has failed to comply with an order of the Division; and
182 to petition the superior court to take various enforcement measures against a public water
183 system that has failed to comply with an order of the Division. The Division does not waive any
184 further enforcement action by issuance of this citation.

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01/10/17



187 Date _____
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200 Certified Mail Tracking Number: 7015 1660 0000 0781 9821

Jose Robledo, P.E.
District Engineer
Division of Drinking Water
State Water Resources Control Board



Attachments:

- A. Bacteriological Monitoring Report
- B. Copy of Public Notice Template
- C. Copy of Proof of Public Notification
- D. Copy of the Level 2 Assessment Form

Bacteriological Distribution Monitoring Report

1010021 Mendota, City of

Distribution System Freq: 3/W

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	CI2	Violation	Comment
6/30/2016		12 samples	A	A		Routine	0.52-0.67		
7/12/2016	8:46	1936 Jennings	P	A		Routine	0.57		
7/12/2016	9:04	5631 I street	P	A		Routine		MCL	<i>Issued Citation No. 03-23-16C-049 on October 31, 2016 for TCR MCL for the month of July 2016.</i>
7/14/2016	13:10	Well 9	A	A		Source Repeat			
7/14/2016	13:18	Well 8	A	A		Source Repeat			
7/14/2016	13:25	well 7	A	A		Source Repeat			
7/14/2016	13:54	535 I street	A	A		Repeat	0.97		
7/14/2016	14:05	563 I street	A	A		Repeat	0.94		
7/14/2016	14:15	605 I street	A	A		Repeat	0.92		
7/14/2016	14:30	1897 9Th Street	A	A		Repeat	0.67		
7/14/2016	14:37	1936 Jennings	A	A		Repeat	0.88		
7/14/2016	14:50	1908 Jennings	A	A		Repeat	0.90		
7/14/2016	15:13	water plant effluent	A	A		Repeat	0.95		
7/31/2016		10 samples	A	A		Routine	0.49-0.90		
8/31/2016		15 samples	A	A		Routine	0.51-0.77		
9/30/2016		12 samples	A	A		Routine	0.49-0.68		
10/31/2016		12 samples	A	A		Routine	0.47-0.63		
11/30/2016		15 samples	A	A		Routine	0.44-0.72		
12/31/2016		12 samples	A	A		Routine	0.30-0.67		
1/31/2017		15 samples	A	A		Routine	0.4-1.29		
2/28/2017		12 samples	A	A		Routine	0.39-0.82		
3/31/2017		12 samples	A	A		Routine	0.45-0.85		
4/30/2017		11 Samples	A	A		Routine	0.46-0.78		
5/31/2017		15 samples	A	A		Routine	0.37-0.75		
6/20/2017	7:57	607 Gaxiola	P	A		Routine	0.87		
6/20/2017	8:36	1313 Straw	P	A		Routine	0.85	MCL	
6/22/2017	10:50	Water Plan effluent	A	A		Repeat	0.78		
6/22/2017	11:38	607 Gaxiola	A	A		Repeat	0.80		
6/22/2017	11:40	605 Gaxiola	A	A		Repeat	0.83		
6/22/2017	11:42	609 Gaxiola	A	A		Repeat	0.87		
6/22/2017	12:15	Straw #141	A	A		Repeat	0.82		
6/22/2017	12:17	Straw #131	A	A		Repeat	0.83		
6/22/2017	12:20	Straw #121	A	A		Repeat	0.95		
6/30/2017		11 Samples	A	A		Routine	0.53-0.88		

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	CI2 not reported

Source Bacteriological Monitoring Report

1010021 Mendota, City of

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
8/2/2016		Well 7, 8, 9	Well	P/A	A	A				
10/4/2016	10:00	Well 7	Well	P/A	A	A				
10/4/2016	10:10	Well 8	Well	P/A	A	A				
10/4/2016	10:17	Well 9	Well	P/A	A	A				
11/1/2016		Well ,7, 8, 9	Well	P/A	A	A				
1/3/2017		Well 7, 8, 9	Well	P/A	A	A				
2/7/2017		Well 7, 8, 9	Well	P/A	A	A				
4/4/2017		Wells: 7, 8, 9	Well	P/A	A	A				
5/2/2017	8:20	Well 7, 8, 9	Well	P/A	A	A				
6/6/2017		Wells: 7, 8, 9	Well	P/A	A	A				
6/22/2017	11:20	Well 7, 8, 9	Well	P/A	A	A				

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

City of Mendota Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 4 sample(s) to test for the presence of coliform bacteria in June 2017. 2 of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

What should I do?

- You do not need to boil your water or take other corrective actions.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. *We did not find any of these bacteria in our subsequent testing.*
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

Operator has been re-trained on sample collection procedure

For more information, please contact Jeronimo Angel at 559-577-7691 or 643 Quince Street Mendota, CA 93640

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by City of Mendota.

Date distributed: 7/12/2017

INFORMACION IMPORTANTE ACERCA DE SU AGUA POTABLE

Bacterias Coliformes Totales en el Sistema de Agua Cuidad de Mendota

Nuestro sistema de agua recientemente no cumplio con un estándar de agua potable. Aunque este incidente no es una emergencia, como nuestros clientes, ustedes tienen el derecho de saber lo que ocurrio y lo que hicimos para corregir esta situación.

Cada mes tomamos pruebas para contaminantes en la agua potable de nuestra sistema. Durante el mes de junio 2017, 2 de 4 muestras mostraron la presencia de bacterias coliformes totales. El estándar es que no más que una (1) muestra por mes puede mostrar la presencia de bacterias coliformes.

¿Qué debo hacer yo?

- **No es necesario hervir su agua ni tomar otras acciones correctivas.** Sin embargo, si usted tiene una preocupacion tocante la salud, debe de consultar a su doctor.
- Esto no es una emergencia. Si habia sido, usted habria sido notificado inmediatamente. Las bacterias coliformes generalmente no son dañosos. Coliformes son bacterias que son naturalmente presente en el ambiente y se usan como un indicador que otros, potencialmente dañosos bacterias pueden ser presentes. Coliformes fueron encontrados en más muestras que se permiten y esto era una advertencia de problemas potenciales.
- Generalmente, coliformes son un signo que puede haber un problema con el sistema de tratamiento o sistema de distribucion (tubos). Cuando bacterias coliformes se discieren en cualquier muestra, pruebas subsiguientes se hacen para ver si otras bacterias de más grande riesgo o daño, tal como coliformes fecales o *E. coli*, estan presente. Ninguna de las muestras coliformes positivas mostró la presencia de bacterias coliformes fecales o la bacteria *E. coli*.
- Personas con sistemas immunologicos, los bebes, niños y niñas de corta edad, y algunas personas ancianas pueden estar en alto riesgo. Estas personas deben consultar con sus proveedores de servicios medicos. Directivas generales para disminuir el riesgo de la infección por microbios está disponible de parte de la Línea Directa de Agua Potable de parte de EPA llamando al numero 1-(800)-426-4791.

¿Qué suscedio? ¿Qué se hizo?

La causa de las muestras positivas: Operador ha sido re-entrenado en el procedimiento de colección de la muestra

Para más información, por favor contacte Jeronimo Angel al numero 559-577-7691 o a la siguiente dirección 643 Quince Street Mendota, CA 93640

Por favor comparte esta información con otros que pueden tomar de esta agua, colocando este aviso en lugares visibles, o remitiéndolo por correo, o entregandolo manualmente. Es de particular interés distribuir este aviso ampliamente si usted lo recibe representando un negocio, un hospital o hogar de infantes o hogar de ancianos o comunidad residencial.

Requisitos secundarios de la Notificación

Al recibir esta notificación por parte de una persona que opera un sistema público de agua, este aviso debe ser dada dentro de 10 días [Sección 116450(g) de la reglas de Salud] según lo siguiente:

- ESCUELAS: Debe notificar a empleados de escuela, los estudiantes, y los padres si los estudiantes son menores.
- DUEÑOS O ADMINISTRADORES DE PROPIEDADES RESIDENCIALES de RENTA (inclusivo clinicas o hogares de reposo): Debe notificar a los inquilinos, renteros o residentes.
- DUEÑOS DE PROPIEDADES de NEGOCIO, los DIRECTORES, O los OPERARIOS: Deben notificar a empleados de negocios localizados en la propiedad.

Este aviso ha sido enviado a usted de acuerdo con las Regulaciones de California sobre la Calidad de la Agua Doméstica como un medio de mantener el público informado.

Fecha: 7/12/2017

Certification of Completion of Public Notification

This form, when completed and returned to the Division of Drinking Water - Fresno District (265 W. Bullard Ave. #101, Fresno, CA 93704 or fax to 559-447-3304), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463-64465.

Public Water System Name: City of Mendota

Public Water System No.: 1010021

Public notification for failure to comply with the TCR MCL for June 15 of 2017 was performed by the following method(s) (check and complete those that apply):

The notice was mailed to users on: JULY 12, 2017

A copy of the notice is attached.

The notice was hand delivered to water customers on: _____

A copy of the notice is attached.

The notice was published in the local newspaper on: _____

A copy of the newspaper notice is attached.

The notice was published in conspicuous places on: _____

A copy of the notice is attached.

A list of locations the notice was posted is attached.

The notice was delivered to community organizations on: _____

A copy of the notice is attached.

A list of community organizations the notice was delivered to is attached.

I hereby certify that the above information is factual.

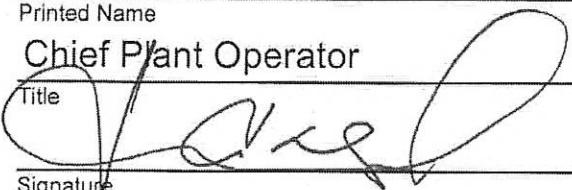
Jeronimo Angel Jr.

Printed Name

Chief Plant Operator

Title

Signature



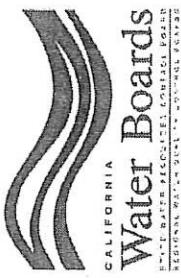
7/12/2017

Date

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation each day that the violation continues. In addition, the violators may be prosecuted in criminal court and, upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due to the Division of Drinking Water within 10 days of issuance of notice to customers
 System Number: 1010021
 Enforcement Action No. 0

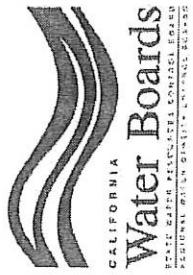
REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (TCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

PWS ID#:	PWS Name: []			1 City of Mendota
Primary Operator (print name):	Geronimo Angel			Phone: (559) 577-7691
Assessment trigger date:				Date Assessment Completed: 10/29/17
SEASONAL: YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for Assessment: Level 2 positive / 2 level 1's (ingar)
Assessment Elements	Issues?			Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A	
1. Review of the sample sites				Indicate Element number being described.
1.1 Was the sample taken at the routine coliform site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1.3 Was this sample taken from an outside faucet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.10. Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
 2. Review of sample protocol				
2.1 Is the sampler a regular, trained sampler?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New employee
2.2 Was a laboratory-provided TC sample bottle used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.3 Was the aerator removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.4 Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.5 Was the tap disinfected or flamed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.6 Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.7 Was there other sampler error? Describe	<input checked="" type="checkbox"/>			might have improperly sampled
2.8 If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.9 Any other sample protocol issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

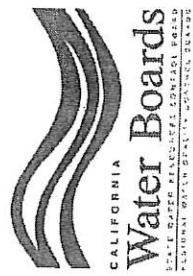
REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
3. Review of the distribution system.					
3.1 Have any mains been recently replaced or service lines recently added?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.2 Have fire hydrants or blow offs been recently flushed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.3 Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.4 Any leaks or main breaks noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.5 Are all of the backflow prevention devices operational and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7 Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.8 Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9 Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10 Standing water or debris in valve vault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.11 Any recent power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.12 Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13 Any other distribution issue not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Review of storage tank(s) (Note the specific facility if any issues are found)					
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	→ 2 - 1 million gallon storage Dec. 2017 - cleaned tanks	
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.6 Is there a #24 mesh screen installed on vents and overflows?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.7 Is the #24 mesh screen damaged or not properly installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.8 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

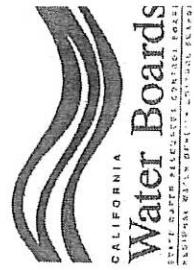
REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District Office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Review of treatment process (if applicable)					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes, and for how long?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

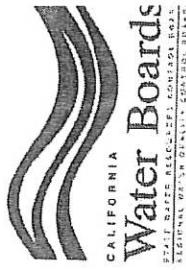
REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

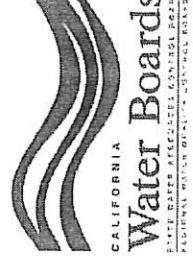
Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
4.9 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Was the hatch locked or secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Has the tank been accidentally drained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.12 Have there been high flows through the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.13 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.14 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.15 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.16 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.17 Was there any power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.18 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.19 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Review of treatment process (if applicable)					
5.1 Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.2 Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.3 Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.4 Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.5 Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.6 Have there been changes in raw water quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.7 Was the finished water turbidity increasing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.8 Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Issues?			Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A	
5.9 Has a disinfectant been added at all times or have there been any failures in adding disinfectant for any length of time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13/STRW (8/21)
5.10 Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	001 Gaxiola (9/21)
5.11 Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sources – Well(s) <i>(Note the specific facility if any issues are found)</i>				
6.1 Is the sanitary seal intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2 Is the well cap defective or damaged or not water tight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.3 Does the vent have a #24 mesh screen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4 Is the vent screen damaged or not installed properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.6 How is the well used? (Circle if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.7 Are there any unprotected cross connections at the wellhead? Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.8 Is the pitless adapter damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.9 Is there a missing or damaged grout seal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.10 Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.11 Is the wellhead secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.12 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.13 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.14 Any other well issues not previously mentioned above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sources- Spring(s) <i>(Note the specific facility if any issues are found)</i>				
6.15 Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.16 Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.17 Are there dead animals near the spring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

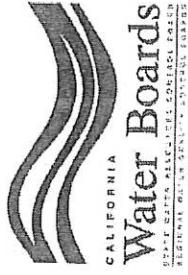
This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (TCR) [effective April 1, 2016]. Local regulatory agency (LPA) or Division of Drinking Water's District office will complete the Level 2 Assessment. To avoid a violation, an assessment report must be no later than 30 days after the trigger date.

Assessment Elements	Issues?			Issue Description	Corrective Action Taken or Planned to be Taken and Date
	Y	N	N/A		
6.18 Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sources-purchased water					
6.19 Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.20 Low disinfectant residual from supplier (typically ≤ 0.02 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.21 Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Applicable to all sources					
6.22 Has an unapproved source been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.23 Has there been a change in sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.24 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.25 Any evidence of animals near the source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.26 Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.27 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.28 Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Significant Deficiencies					
7.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Additional Comments:

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

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Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Signature: <i>Mariadela Hurtado Brown</i>	Date: <i>129/17</i>
Water system responsible party (PRINTED): <i>Jeronimo Angel</i>	Date: <i>103/17</i>
Signature: <i>J. Angel</i>	Date: <i>6.29.17</i>

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	